

Welfare-to-Work Client Forms Handbook

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Workforce Investment Division
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Welfare-to-Work Client Forms Handbook

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Application/Registration Form (WTW 10 EWRF)

The Welfare-to-Work (WtW) Application/Registration form (EWRF) is used to record basic individual characteristics and eligibility requirements as required by the WtW program. The form usually contains a preprinted application number, which is used to uniquely identify individuals throughout his/her WtW registration cycle.

The numbering of the line items relate to corresponding screens and data element fields in the Job Training Automation (JTA) system. The EWRF is completed by the agency responsible for intake.

WELFARE-TO-WORK

APPLICATION / REGISTRATION

03 Application Date 		04 Last Name		05 First Name		Middle		
06 Street Address (Residence)			City State (Residence)			07 ZIP (Residence)		
08 Phone (Residence) ()			09 Mail Street			10 Mail ZIP		
11 Message Phone ()			12 GEO Code (Optional)			13 Gender 1 Female 2 Male		
14 Birthdate 			15 Age		16 Citizen 1 U.S. Citizen 2 Eligible Non-Citizen 3 Ineligible Non-Citizen		17 Alien Doc #	
18 No. of Dependents (Include Participant)			19 TANF Case No.			20 TANF Assistance for 30 or More Months 1 Yes 2 No		
21 Within 12 Months of Reaching TANF Time Limit 1 Yes 2 No			22 Noncustodial Parent 1 Yes, Custodial Parent Receiving TANF 2 Yes, Custodial Caretaker Receiving TANF 3 Yes, Minor Child Receiving TANF 4 No			23 10% Window 1 Yes 2 No		
24 Reading Grade		25 Math Grade		26 Highest Grade Completed		27 School Dropout 1 Yes 2 No		
28 Received GED 1 Yes 2 No		29 Education Status (Attended) 1 Elementary School 2 Secondary School 3 High School Graduate 4 Voc/Tech School 5 Some College			6 2 Yr. College Graduate 7 4 Yr. College Graduate 8 Post Grad Work/Degree 9 No School			
30 Limited English-speaking 1 Yes 2 No			31 Teen Pregnancy 1 Yes 2 No		32 Teen Parent 1 Yes 2 No		33 Poor Work History 1 Yes 2 No	
34 Homeless 1 Yes 2 No			35 Disabled 1 Yes 2 No			36 Substance Abuse 1 Yes 2 No		
37 Locally-Defined Characteristics 1 Yes 2 No			38 State Match 1 Yes 2 No			39 Eligibility A 70% Provision B 30% Provision X Ineligible Y Federal 70% Provision Z Federal 30% Provision		
40 Ethnicity (Circle One) AA Asian Indian AB Cambodian AC Chinese AD Filipino AE Guamanian AF Hawaiian AG Japanese AH Korean AI Laotian AJ Samoan AK Vietnamese AL Other Asian/Pacific Islanders BL Black-Not Hispanic HI Hispanic NA American Indian/Alaskan Native WH White								
Signature of Interviewer				41 Interviewer ID		Date		
Signature of Reviewer				42 Reviewer ID		Date		

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Welfare-to-Work program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

WTW 10 EWRF (06/00)

(INTERNET)

Application/Registration Form (WTW 10 EWRF)

Line Item Instructions

The following are line item instructions for the Application/Registration (EWRF) form. These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation system. For detailed instructions on the JTA system, please refer to the *JTA WtW User Guide*.

Subgrantee Name	Record the name of the subgrantee.
01 Application Number	This number is usually preprinted on the form. If no number exists, leave blank for automatic generation by the JTA system.
02 Social Security Number	Record the client's social security number (SSN). This item may not be left blank (Social Security Act Section 1137).
03 Application Date	Record the application date (MM/DD/YYYY). This is the date the form is completed to determine the client's eligibility for the program.
04 Last Name	Record the client's last name.
05 First Name, Middle	Record the client's first and middle name if provided.
06 Street Address (Residence)	Record the street address where the client resides, including apartment numbers and/or letters. Post office box and/or RFD numbers are acceptable for homeless individuals and for those who live in rural areas. City, State (Residence) Record the city and state of the client's residence.
07 ZIP (Residence)	Record the ZIP code for the client's residence.
08 Phone (Residence)	Record the client's residence phone number, including the area code. This item may be left blank. If the client does not have a residence phone number, record a phone number in Item 11 where the client can receive messages, or record a number here where the client may be reached.

09 Mail Street	<p>Record the client's mailing address if different from the residence address.</p> <p>Mail City, State</p> <p>Record the city and state of the client's mailing address if different from the residence address.</p>
10 Mail ZIP	Record the ZIP code for the client's mailing address.
11 Message Phone	Record a phone number including the area code, where the client can receive messages. This number should be different from Item 08—Phone (Residence).
12 GEO Code (Optional)	<p>This is an optional field.</p> <p>Record the appropriate geographic code assigned by the Service Delivery Area (SDA).</p>
13 Gender	<p>Circle the appropriate number.</p> <p>1 Female</p> <p>2 Male</p>
14 Birthdate	Record the client's birthdate (MM/DD/YYYY).
15 Age	Record the age of the client at the time of application.
16 Citizen	<p>Circle the appropriate number.</p> <p>1 U.S. Citizen—A person entitled by birth or naturalization to the protection of a given state of the United States.</p> <p>2 Eligible Non-Citizen—An eligible non-citizen is a documented alien who is eligible for Temporary Assistance for Needy Families (TANF) assistance. An eligible non-citizen may also include a national who is a person, though not a citizen, owing permanent allegiance to the United States.</p> <p>Residents of Puerto Rico, Guam, Virgin Islands, and Northern Mariana Islands whether residing in the United States or his/her homeland are U.S. citizens. Citizens of American Samoa, the Republic of the Marshall Islands, and the Federated States of Micronesia whether residing in the United States or his/her homelands are American nationals.</p> <p>3 Ineligible Non-Citizen—An individual who is neither a citizen nor an eligible non-citizen. The individual is ineligible for the WtW program.</p>

17 Alien Doc #	Record the document number of the alien registration card that establishes the client's eligibility for TANF assistance.
18 No. of Dependents	Record the number of dependents in the client's family including the client registering for the WtW program.
19 TANF Case Number	<p>Record the TANF case number assigned by the local county welfare department to uniquely identify the family participating in the WtW program. If the client is no longer a member of a TANF family, use the case number previously assigned to the TANF family.</p> <p>A noncustodial parent participating in the WtW program must use the TANF case number for the family that includes his/her child.</p>
20 TANF Assistance for 30 or more months	<p>Circle Yes or No to indicate the number of months that the client has received TANF assistance at the time of registration. If the client is a noncustodial parent, circle Yes or No for the number of months the custodial parent, minor child, or caretaker relative has received TANF assistance at the time of registration.</p> <p>1 Yes—The client is currently receiving TANF assistance and has received TANF assistance for 30 or more months at the time of registration. If the client is a noncustodial parent, the custodial parent, minor child, or caretaker relative has received TANF assistance for 30 or more months at the time of registration.</p> <p>2 No—The client has received TANF assistance for less than 30 months at the time of registration. If the client is a noncustodial parent, the custodial parent, minor child, or caretaker relative has received TANF assistance for less than 30 months at the time of registration.</p>
21 Within 12 months of Reaching TANF Time Limit	<p>1 Yes—The client will become ineligible for assistance under the TANF program within 12 months due to federal or State lifetime limits. If the client is a noncustodial parent, the custodial parent, minor child, or caretaker relative will become ineligible for TANF assistance within 12 months due to federal or State lifetime limits.</p> <p>2 No</p>

<p>22 Noncustodial Parent</p>	<p>Circle the appropriate number.</p> <p>1 Yes, Custodial Parent Receiving TANF—The client is a noncustodial parent of a minor child currently receiving TANF assistance and the custodial parent has been receiving TANF for 30 months or more. (70 percent eligibility provisions); or the client is a noncustodial parent of a minor child and the custodial parent is currently receiving TANF assistance (30 Percent eligibility provisions).</p> <p>2 Yes, Custodial Caretaker Receiving TANF—The client is a noncustodial parent of a minor child currently receiving TANF assistance and the custodial caretaker relative has been receiving TANF for 30 months or more (70 percent eligibility provisions).</p> <p>3 Yes, Minor Child Receiving TANF—The client is a noncustodial parent of a minor child currently receiving TANF assistance and the minor child has been receiving TANF for 30 months or more (70 percent eligibility provisions).</p> <p>4 No—The client is not a noncustodial parent.</p>
<p>23 10% Window</p>	<p>Circle the appropriate number.</p> <p>1 Yes—The client will be participating in the WtW program under the 10 percent rule.</p> <ul style="list-style-type: none"> • For two of the three barriers to employment (70 percent eligibility provisions), WtW program operators have flexibility to recognize individual circumstances, specialized needs, and local labor market conditions for up to 10 percent of the clients. The two barriers where local definition is allowed are: <ol style="list-style-type: none"> 1. The client has low skills in reading or math grade level at 8.9 or below. 2. The client has a poor work history. <p>2 No</p>

<p>24 Reading Grade</p>	<p>Record the client's grade level equivalent between 0.1 and 13.0 in English reading as determined by a generally accepted standardized or criterion-referenced test or a school record of reading level (determined within the last six months).</p> <p>The reading scores for most generally accepted standardized instruments are considered valid only for a six-month period. Retesting is required for scores that are over six months old.</p> <p>Record 88 for individuals who refused testing or who otherwise could not be tested. For individuals with a four-year college degree or above (B.A., M.A., Ph.D., etc.), record as 99.</p> <p>The DOL eligibility requires all WtW participants to be tested, including those with foreign-earned high school diplomas.</p>
<p>25 Math Grade</p>	<p>Record the client's grade level equivalent between 0.1 and 13.0 in mathematics skills as determined by a generally accepted standardized or criterion-referenced test or a school record of mathematics skill level (determined within the last 6 months).</p> <p>The math scores for most generally accepted standardized instruments are considered valid only for a six-month period. Retesting is required for scores that are over six months old.</p> <p>Record 88 for individuals who refused testing or who otherwise could not be tested. For individuals with a four-year college degree or above (B.A., M.A., Ph.D., etc.), record as 99.</p> <p>The DOL eligibility requires all WtW participants to be tested, including those with foreign-earned high school diplomas.</p>

<p>26 Highest Grade Completed</p>	<p>Record the highest number that applies to client.</p> <p>00 No school grades completed.</p> <p>01-11 Number of elementary/secondary grades completed. Individuals who completed 12th grade but did not receive a diploma/equivalent are to be coded 11. Individuals who earned a diploma in a foreign country and whose lack of English proficiency is considered to pose a barrier to employment are to be coded 11.</p> <p>12 High School graduate or equivalent.</p> <p>13-15 If a high school graduate, the number of school years completed including college or full-time technical or vocational school.</p> <p>16 Bachelor's degree or equivalent.</p> <p>17 Five years of college, Master's degree (one-year program), or equivalent.</p> <p>18 Six years or more of college, Master's degree (two-year program), Ph.D., or equivalent.</p> <p>If an applicant has a high school diploma earned in a foreign country and his/her lack of English proficiency is considered to pose a barrier to employment, DOL allows for local flexibility in disregarding the diploma. If a decision is made to disregard the completion of a diploma earned in a foreign country, the individual should be coded 11 and this action must be noted in the client's folder.</p>
<p>27 School Dropout</p>	<p>Circle the appropriate number.</p> <p>1 Yes—The client is no longer attending school and has not received a secondary school diploma or obtained a certificate of general equivalency (e.g., General Education Diploma [GED]).</p> <p>Indicate “Yes” if the client has never attended any type of educational program. Make sure to indicate “No School” in Box 29 and note this action in the client's folder.</p> <p>2 No</p>

28 Received GED	<p>Circle the appropriate number.</p> <p>1 Yes—The client obtained a certificate of general equivalency (GED).</p> <p>2 No</p>
29 Education Status (Attended)	<p>Circle the appropriate number that applies to the client.</p> <p>1 Elementary School</p> <p>2 Secondary School</p> <p>3 High School Graduate</p> <p>4 Voc/Tech School</p> <p>5 Some College</p> <p>6 Two Year College Graduate</p> <p>7 Four Year College Graduate</p> <p>8 Post Grad Work/Degree</p> <p>9 No School</p> <p>If the Service Delivery Area (SDA) elects to disregard a high school diploma earned in a foreign country because the client's lack of English proficiency poses a barrier to employment, indicate "9" - No School and note this action in the client's folder.</p>
30 Limited English-speaking	<p>Circle the appropriate number.</p> <p>1 Yes—An individual whose native language is not English, with a limited ability to communicate in English, resulting in a barrier to employment.</p> <p>2 No</p>
31 Teen Pregnancy	<p>Circle the appropriate number.</p> <p>1 Yes—The client became pregnant prior to turning age 19, regardless of the current age of the client.</p> <p>2 No</p>
32 Teen Parent	<p>Circle the appropriate number.</p> <p>1 Yes—The client is under 18 years of age and provides custodial care for a minor child.</p> <p>2 No</p>

33 Poor Work History	<p>Circle the appropriate number.</p> <p>1 Yes—The client has not worked full-time in unsubsidized employment for more than 13 consecutive weeks in the last 12 calendar months.</p> <p>2 No</p>
34 Homeless	<p>Circle the appropriate number.</p> <p>1 Yes—The client's family lacks a fixed and regular nighttime residence; or the family has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or the family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.</p> <p>2 No</p>
35 Disabled	<p>Circle the appropriate number.</p> <p>1 Yes—The client has a physical or mental impairments, which substantially limits one or more major life activities. Major life activities are described as: seeing, hearing, speaking, walking, breathing, performing manual tasks, learning, caring for oneself, and working.</p> <p>2 No</p>
36 Substance Abuse	<p>Circle the appropriate number.</p> <p>1 Yes—The client requires substance abuse treatment for employment.</p> <p>2 No</p>
37 Locally-Defined Characteristics	<p>Circle the appropriate number.</p> <p>1 Yes—The client meets the criteria for locally-defined characteristics designated by the SDA.</p> <p>2 No</p>
38 State Match	<p>Circle the appropriate number.</p> <p>1 Yes—The client will be enrolled in a WtW program funded with State Match money. This is not the 85 percent Formula or the 15 percent Competitive money subgranted to the SDAs by the State of California, Employment Development Department.</p> <p>2 No</p>

<p>39 Eligibility</p>	<p>Circle the appropriate letter.</p> <p>A. 70 Percent Provision</p> <p>The client is eligible for the 70 percent provision (Title 20 CFR 645.212) if the following criteria have been met:</p> <ol style="list-style-type: none"> 1. The client is currently receiving TANF assistance; <p>AND</p> <ol style="list-style-type: none"> 2. Meets one of the following definitions for long-term recipient of public assistance: <ol style="list-style-type: none"> a. Has received TANF/AFDC assistance for 30 months or more; OR b. Will become ineligible for TANF assistance within 12 months due to federal or State-imposed lifetime limits; OR c. Is no longer receiving TANF assistance due to lifetime limits, but would otherwise be eligible for TANF assistance. <p>AND</p> <ol style="list-style-type: none"> 3. Has at least two of the following barriers to employment: <ol style="list-style-type: none"> a. Has not completed secondary school or obtained a certificate of general equivalency and has a reading or math grade at 8.9 or below; OR b. Requires substance abuse treatment for employment; OR c. Has a poor work history. <p>If the client is a noncustodial parent, the following criteria must be met for eligibility under the 70 percent provisions:</p> <ol style="list-style-type: none"> 1. The minor child of the noncustodial parent is currently receiving TANF assistance; AND 2. Either the minor child, custodial parent, or caretaker relative meets one of the following definitions for long-term recipient of public assistance:
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<p>39 Eligibility (continued)</p>	<ul style="list-style-type: none"> a. Has received TANF/AFDC assistance for 30 months or more; OR b. Will become ineligible for TANF assistance within 12 months due to federal or State-imposed lifetime limits; OR c. Is no longer receiving TANF assistance due to lifetime limits, but would otherwise be eligible for TANF assistance. <p>AND</p> <ul style="list-style-type: none"> 3. The noncustodial parent has at least two of the following barriers to employment: <ul style="list-style-type: none"> a. Has not completed secondary school or obtained a certificate of general equivalency and has a reading or math grade at 8.9 or below; OR b. Requires substance abuse treatment for employment; OR c. Has a poor work history. <p>B. 30 Percent Provision</p> <p>The client is eligible for the 30 percent provision (Title 20 CFR 645.213) if the following criteria have been met:</p> <ul style="list-style-type: none"> 1. The client is currently receiving TANF assistance; OR would otherwise be eligible for TANF assistance if he/she had not reached the federal or State-imposed lifetime limit on aid. <p>AND</p> <ul style="list-style-type: none"> 2. Has at least one of the following characteristics associated with, or predictive of long-term welfare dependence: <ul style="list-style-type: none"> a. Dropped out of school; OR b. Teenage pregnancy; OR c. Poor work history; OR d. Other locally-defined characteristic.
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<p>39 Eligibility (continued)</p>	<p>X. Ineligible</p> <p>The client is ineligible for the WtW program.</p> <p>Circle the appropriate letter.</p> <p>Y. Federal 70 Percent Provision</p> <p>The client is being served under the Federal 25 Percent Grant and is eligible for the expanded 70 percent provisions (Title 20, CFR 645.212) if the following criteria have been met:</p> <p>TANF Recipients:</p> <ol style="list-style-type: none"> 1. Long-term (30 months or more receiving assistance) TANF/California Work Opportunity and Responsibility to Kids (CalWORKs): OR 2. Individuals who are no longer receiving TANF/CalWORKs assistance because they reached his/her federal lifetime limits on aid; OR 3. Individuals who will become ineligible for TANF/CalWORKs assistance within 12 months due to federal lifetime limits. <p>Noncustodial Parents (NCP)</p> <p>Under the 1999 amendments, eligible noncustodial parents must be:</p> <ol style="list-style-type: none"> 1. Unemployed, or under-employed, or having difficulty in paying child support payments; AND 2. At least one of the following applies to a minor child of the NCP: <ul style="list-style-type: none"> • The minor child or the custodial parent of the NCP's minor child has received aid for 30 months or more, or are within 12 months of reaching the federal lifetime limit on aid; OR • The minor child is eligible for, or receiving TANF benefits; OR • The minor child received TANF benefits during the preceding year but is no longer receiving assistance; OR
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<p>39 Eligibility (continued)</p>	<ul style="list-style-type: none"> • The minor child is eligible for, or receiving assistance under the Food Stamps program, the Supplemental Security Income (SSI) program, Medicaid, or the Children's Health Insurance Program (CHIP); AND <p>3. After the NCP has enrolled in the WtW grant program, the NCP must enter into a written or personal responsibility contract under which he or she commits to cooperate in establishing paternity, pay child support, and participate in services to increase his or her employment and earnings to support his or her children.</p> <p>Z. Federal 30 Percent Provision</p> <p>The client is being served under the Federal 25 percent Grant and they are:</p> <ol style="list-style-type: none"> 1. Youth who have attained 18 years of age but not 25 and who, before turning 18 years old, were recipients of foster care; OR 2. Custodial parents with incomes below 100 percent of the poverty level (no connection to CalWORKs/TANF is required); OR 3. CalWORKs/TANF recipients with barriers to self-sufficiency as determined by local Private Industry Councils (PIC)/Workforce Investment Boards (WIB).
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40 Ethnicity	<p>Circle only one.</p> <p>AA Asian Indian Persons who indicate his/her race as Asian Indian, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Bengali, Bharati, Dravidian, East Indian, Goanese, Hindu India, Kashmiri, or South Asian.</p> <p>AB Cambodian Persons who indicate his/her race as Cambodian. Cambodia is a former name for the Khmer Republic.</p> <p>AC Chinese Persons who indicate his/her race as Chinese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Cantonese, Formosan, Taiwanese, or Tibetan.</p> <p>AD Filipino Persons who indicate his/her race as Filipino, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Filipino American or Philippine.</p> <p>AE Guamanian Persons who indicate his/her race as Guamanian, as well as persons, who did not classify themselves in one of the specific race categories, but reported entries such as Chamorro or Guam.</p> <p>AF Hawaiian Persons who indicated his/her race as Hawaiian native, i.e., an individual whose ancestors were natives, prior to 1778, of the area which now comprises the state of Hawaii.</p> <p>AG Japanese Persons who indicated his/her race as Japanese, as well as persons who did not classify themselves in one of the specific race categories, but reported entries such as Nipponese or Japanese American.</p>
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<p>40 Ethnicity (continued)</p>	<p>AH Korean Persons who indicated his/her race as Korean or Korean American.</p> <p>AI Laotian Persons who indicated his/her race as Laotian.</p> <p>AJ Samoan Persons who indicated his/her race as Samoan, American Samoan or Western Samoan.</p> <p>AK Vietnamese Persons who indicated his/her race as Vietnamese.</p> <p>AL Other Asian/Pacific Islanders Persons who indicated his/her race as Asian/Pacific Islander with categories other than the eleven categories listed above, e.g., Hmong, Indo-Chinese, Pakistani, Maoris, Fiji Islander, Tahitian, or Thai.</p> <p>BL Black—Not Hispanic A person having origins in any of the black racial groups of Africa.</p> <p>HI Hispanic A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin (including Spain), regardless of race. Among persons from Central and South American countries, only those who are of Spanish origin, descent, or culture should be included in the Hispanic category. Persons from Brazil, Guiana, and Trinidad, for example, would be classified according to his/her race, and would not necessarily be included in the Hispanic category. Also the Portuguese should be excluded from the Hispanic category and should be classified to his/her race.</p> <p>NA American Indian/Alaskan Native A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p> <p>WH White A person having origins in any of the original people of Europe, North Africa, or the Middle East.</p>
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<i>Signature of Interviewer</i>	The person responsible for completion of this form must sign here.
41 Interviewer ID	Record the assigned identification number for the person responsible for completion of this form.
<i>Date</i>	Record the date the interviewer completed this form.
<i>Signature of Reviewer</i>	The reviewer must sign the application form. The signature certifies that the proper eligibility has been determined for the WtW program.
42 Reviewer ID	Record the reviewer's assigned identification number.
<i>Date</i>	Record the date the reviewer signed this form.
<i>Signature of Client, Date</i>	Once the application form has been completed, review the form with the client and have them sign and date the application form. The client's signature constitutes the client's certification that the WtW application information is true and correct.
<i>Signature of Parent, Guardian, or Responsible Adult</i>	In the case of a client who is a minor (except an emancipated minor), the signature of a parent or guardian is required to certify that the WtW application information is true and correct.
<i>Date</i>	Record the date the parent, guardian, or responsible adult signed the application form.
<i>Remarks</i>	Provide any additional details essential to this application form.

Enrollment Form (WTW 20 EWEF)

The WtW Enrollment form (EWEF) is used to record the enrollment of an eligible WtW client into the WtW grant program. Once a program operator has completed the intake/eligibility process and obtained the documentation required to substantiate the client's eligibility for the program, an enrollment form should be completed.

Enrollment status does not constitute a “participant served” status. Enrollment is defined as: intake, initial assessment, and eligibility determination has occurred and the client may or may not be receiving a service. A client is classified as a “participant served” only when actual services have begun such as in-depth assessment, development of individualized service strategy, case management, job readiness, work activities, or support services. The WtW Monthly Activity form is used to record the “participant served” status.

Only one enrollment form is completed for each client unless the client is receiving services from two different WtW funding sources. For example, if the client is co-enrolled in both the WtW 85 percent formulas fund and the 15 percent competitive grant programs, a separate enrollment form would be completed for each funding source. The enrollment form is **not** used to track enrollment into activities or services. The Monthly Activity form is used for this purpose. This form will usually have a preprinted case number on the top right-hand corner of the form. If there is no preprinted number, an auto-generated number will be assigned when the form is entered in the Job Training Automation (JTA) system. This number should be recorded on the form.

Welfare-To-Work ENROLLMENT

01	Case Number
02	Application Number
Social Security Number	

(TO BE SUBMITTED FOR ENROLLMENT)				
Last Name		First Name		Middle
03 Assessment Prior to Enrollment 1 Yes 2 No	04 Assessment Date 	05 Enrollment Date 	06 Enrollment Code 1 New Enrollment 2 Returning Enrollment 3 Concurrent/Transfer Enrollment	
07 Program Type 1 70% Formula Program 2 30% Formula Program 3 70% State Competitive Grant 4 30% State Competitive Grant 5 70% Federal Competitive Grant 6 30% Federal Competitive Grant 7 State Match	Grant Code	08 Year of Appropriation	09 Agency Code (optional)	10 Enrolling Staff ID
Enrolling Staff Signature			Date 	
Remarks				

WTW 20 EWEF (06/00)
(INTERNET)

Enrollment Form (WTW 20 EWEF)

Line Item Instructions

The following are line item instructions for the Enrollment (EWEF) form. These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the JTA system. For detailed instructions on the JTA system, please refer to the *JTA WtW User Guide*.

01 Case Number	This number is usually preprinted on the form. If the form you are using does not have a preprinted number, you may either assign one or allow the computer to assign the next sequential number. Do not reuse closed case numbers.
02 Application Number	Record the application number as it appears on the Application/Registration form.
Social Security Number	Record the client's SSN. Compare the SSN entered here to the SSN shown on the Application/Registration form to verify its accuracy.
Last Name, First Name, Middle	Record the client's name, last name first, and compare it with the registration form to verify its accuracy.
03 Assessment Prior to Enrollment	Circle the appropriate number. 1 Yes —An assessment was conducted for the client prior to enrollment into a WtW program. 2 No —An assessment was not conducted for the client.
04 Assessment Date	If an assessment was conducted prior to enrollment into a WtW program, record the date (MMDDYYYY).
05 Enrollment Date	Record the actual date (MMDDYYYY) that the client enrolled in the WtW program. Do not leave this item blank. This date cannot be prior to the application date.
06 Enrollment Code	Record the appropriate enrollment code: 1 New Enrollment —A client who is being enrolled into the WtW program for the first time. 2 Returning Enrollment —A client who is returning to the WtW program after previously terminating from the program. This requires the entry of a new registration form. 3 Concurrent/Transfer Enrollment —A client who has been enrolled in another WtW program during this registration cycle. This can be a transfer or a concurrent enrollment.

07 Program Type	<p>Record the code indicating which WtW program the client will participate in. If the client is co-enrolled in more than one program, complete a separate EWEF for each program the client is enrolled in.</p> <p> 1 70% Formula Program 2 30% Formula Program 3 70% State Competitive Grant 4 30% State Competitive Grant 5 70% Federal Competitive Grant 6 30% Federal Competitive Grant 7 State Match </p>
Grant Code	Record the grant code for the WtW program in which the client has been enrolled. Refer to the list of assigned WtW grant codes for accurate identification numbers.
08 Year of Appropriation	Record the year of appropriation for these WtW funds.
09 Agency Code (optional)	Record the agency identification number for the WtW agency that provided intake and eligibility. Refer to the Service Delivery Area's (SDA) Management Information System (MIS) assigned agency number list for accurate identification numbers.
10 Enrolling Staff ID	Record the MIS assigned staff identification number of the staff enrolling the client into the grant/program.
Enrolling Staff Signature/Date	The person responsible for the completion of this form should sign and date here. The signature certifies that the client's enrollment information has been verified.
Remarks	Provide any additional details essential to this case record.

Monthly Activity Form (WTW 30 EMAF)

The WtW Monthly Activity form (EMAF) is used to record the activities and services received by a client and the dollar amount spent for each activity or service for each month that the client participates in the program. The EMAF is also used to record the first date a client actually begins receiving services and is classified as a “participant served.”

Only the activities or services funded by the WtW Grant should be recorded on this form. The estimated cost of each activity or service should exclude the cost of administration. The cost of intake, eligibility determination, in-depth assessment, individualized services strategy, and case management services must be recorded under activity code 13.

A form must be completed for each month that a client received services or participated in any of the activities listed on the form. While a client may have more than one type of activity in a given month, multiple entries for the same WtW service (job placement, job retention, transportation, etc) provided by the same agency to that participant in a given month should only be entered once on the Monthly Activity Form. If a client did not receive any services or have any activity in a specific month, the completion of a EMAF is not required for that month. If an EMAF has never been completed for a client, the client will not be included on the Interim Participant Report as a “participant served.”

Welfare-to-Work

MONTHLY ACTIVITY RECORD

01	Case Number
	Application Number
	Social Security Number

(TO BE SUBMITTED MONTHLY FOR EACH PARTICIPANT SERVED)

Last Name	First Name	Middle
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02	First Date Participant Served	Program Type	Grant Code	Staff ID/Name	03	Reporting Month/Year
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04 Amount Expended by Activity						
	Agency Code	Activity Code	Activity Description	Option Code (Optional)	Total \$ Expended	Estimated Completion Date (Optional)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Activity Codes – Require Entry for Total \$ Expended		
01	Community Service	05 On-the-Job Training
02	Work Experience Program	06 Job Readiness
03	Public Sector Employment Wage Subsidy	07 Job Placement Services
04	Private Sector Employment Wage Subsidy	08 Post-Employment Services
09	(No longer in use)	
10	Job Retention Services	
11	Supportive Services	
12	(No longer in use)	
13	In-depth Assessment, Individualized Service Strategy, or Case Management Services	

WTW 30 EMAF (06/00)
(INTERNET)

Monthly Activity Form (WTW 30 EMAF)

Line Item Instructions

The following are line item instructions for the Monthly Activity (EMAF) form. These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation (JTA) system. For detailed instructions on the JTA system, please refer to the *JTA WtW User Guide*.

01 Case Number	Record the enrollment number from the WtW Enrollment form (EWEF).
Application Number	Record the application number as it appears on the Application/Registration form (EWRF).
Social Security Number	Record the client's social security number (SSN). Compare the SSN entered here to the SSN shown on the Application/Registration form to verify its accuracy.
Last Name, First Name, Middle	Record the client's name, last name first, and compare it with the registration form to verify its accuracy.
02 First Date Participant Served	Record the first date a client actually begins receiving services and is classified as a "participant served." A client is classified as a "participant served" only when actual services have begun such as in-depth assessment, development of individualized service strategy, case management, job readiness, work activities, or support/job retention services. This date will not change for subsequent months after the first month of participation unless an error was made in entering the first month.
Program Type	Record the program type in which the client was enrolled from the WtW Enrollment form.
Grant Code	Record the grant code for the WtW program in which the client is being served. Refer to the list of assigned WtW grant codes for accurate identification numbers.
Staff ID/Name	Record the staff identification number and name of the person responsible for the completion of this form.
03 Reporting Month/Year	Record the month and year (MM/YYYY) in which these activities and services were provided to the client.
04 Amount Expended by Activity	This section of the monthly activity form collects information on the types of activities/services the client receives and the dollar amount spent for each activity/service for each month that the client participates.

Agency Code	Record the agency identification number for the WtW agency that provided the activity or service. Refer to the MIS assigned agency number list for accurate identification numbers.
Activity Code	<p>Record the code that corresponds to the activity or service provided to the client.</p> <p>01 Community Service—Community service positions can be with public or private non-profit employers. Clients in community service funded positions through the WtW Program are considered temporary employees, will apply for work, and be subject to hiring and termination by the employer, and will be expected to perform work for the benefit of the employer. The activity must comply with the anti-displacement provisions contained in State law.</p> <p>02 Work Experience Program—Work Experience can be with public or private employers. Clients in work experience positions funded through the WtW Grant Program are considered temporary employees, will apply for the work and be subject to hiring and termination by the employer, and will be expected to perform work for the benefit of the employer. The activity must comply with the anti-displacement provisions contained in State law.</p> <p>03 Public Sector Employment Wage Subsidy—Job creation in which the WtW client draws a salary and is considered to be an employee, financed through public sector employment wage subsidies.</p> <p>04 Private Sector Employment Wage Subsidy—Job creation in which the WtW client draws a salary and is considered to be an employee, financed through private sector employment wage subsidies.</p> <p>05 On-the-Job Training—On-the-job training (OJT) is employment by an employer in the public or private sector. A portion of the wages paid by the employer may be reimbursed to cover the employer's expense in training the client.</p> <p>06 Job Readiness—Job Readiness must be provided through vouchers or contracts with public or private providers unless the operating entity is providing a comprehensive community service, work experience, and/or OJT program. These services provide</p>

<p>Activity Code (continued)</p>	<p>Recipients with training in job seeking and interviewing skills, understanding employer expectations, and enhancing a client's capacity to move toward self-sufficiency. This may include entrepreneurial training.</p> <p>07 Job Placement Services—Job placement services must be provided through vouchers or contracts with public or private providers unless the operating entity is providing a comprehensive community service, work experience, and/or OJT program. Services may include, but are not limited to, skill assessment, identifying ranges of occupations available in the local labor market, and job development activities.</p> <p>08 Post-Employment Services—Post-employment services must be provided through vouchers or contracts with public or private providers unless the operating entity is providing a comprehensive community service, work experience, and/or OJT program. Services may include, but are not limited to, basic educational skills training, occupational skills training, English as a second language training, and job mentoring.</p> <p>09 No longer in use</p> <p>10 Job Retention Services—In order to receive job retention services the client must be participating in a job readiness activity, an employment activity, or in any other subsidized or unsubsidized job, including participation in a registered apprenticeship program provided by the enrolling agency or another agency. Job retention services may be provided only if they are not otherwise available to the client. These services include, but are not limited to, transportation assistance, non-medical substance abuse treatment, childcare, emergency or short-term housing assistance, or disability-related services.</p> <p>11 Supportive Services—In order to receive supportive services, the client must be participating in a job readiness activity, an employment activity or in any other subsidized or unsubsidized job, including participation in a registered apprenticeship program. Supportive services may be provided only if they are not otherwise available to the client. These services include, but are not limited to, transportation assistance, non-medical substance abuse treatment, childcare, emergency or short-term housing assistance, or disability-related services.</p>
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Activity Code (continued)	<p>12 No longer in use</p> <p>13 In-depth Assessment, Individualized Service Strategy, or Case Management Services—Record all costs associated with intake, eligibility determination, in-depth assessment, individualized service strategy, and case management services. An in-depth assessment is used to appraise the skill levels and service needs of the client and can include a review of basic skills, occupational skills, prior work experience, employability, interest, aptitudes (including interest and aptitudes for nontraditional jobs), and supportive services needs. When appropriate the assessment performed by the Temporary Assistance for Needy Families (TANF) agency should be used for this purpose. An individualized service strategy (ISS) must be developed for each client. When appropriate the TANF individual responsibility plan should be used for this purpose. The individual plan should include an employment goal, appropriate achievement objectives, and the appropriate combination of services for the client based on the assessment. Case management refers to the provision of a client-centered approach in the delivery of services.</p>
Activity Description	<p>Record the name of the activity that corresponds to the activity code used.</p>
Option Code (Optional)	<p>Record the option code that best describes the activity in which the client took part. Refer to the Management Information System (MIS) assigned option code identification list for accurate identification numbers. This item may be left blank.</p>
Total \$ Expended	<p>Enter the estimated expenditures that are associated with the client's participation in any of the activities/services listed on the form. Use the format 99999.99. Cost estimates should exclude the cost of administration. Record the cost of intake, eligibility determinations, and case management services under activity code 13.</p>
Estimated Completion Date (Optional)	<p>Record the date (MMDDYYYY) on which it is expected that the client will complete this activity. This item may be left blank.</p>

Employment Record Form (WTW 40 EWER)

The WtW Employment Record form (EWER) is used to record the client's employment and work activity information. The WtW program requires that eligible clients must be placed in one of the prescribed employment activities or in any subsidized or unsubsidized job prior to receiving post employment services. This form provides documentation of that information.

The employment may occur prior to entry into the WtW program or during the client's participation and may be full-time or part-time, including self-employment. Employment also includes entry into the Peace Corps, VISTA, and other national service programs funded by the Federal Corporation for National and Community Services under the National and Community Service Trust Act of 1993. Examples of the latter are activities in the Americorps and the National Civilian Community Corps programs.

Clients may be employed in multiple jobs either concurrently or sequentially. Once the first employment record has been entered, any change in employment such as an increase in work hours, change in hourly wage, or upgrade from a subsidized to an unsubsidized position will require you to complete a new employment form.

Welfare-to-Work EMPLOYMENT RECORD

01 Case Number
Application Number
Social Security Number
Employment Record Number

(TO BE SUBMITTED TO RECORD EMPLOYMENT INFORMATION)									
Last Name			First Name			Middle			
Program Type		02 Agency Code (Optional)		03 Date Employed 		04 Employer Number			
05 Employer Name				Employer Address					
Employer City / State				Employer ZIP					
06 Employer Contact				07 Phone					
08 Concurrent Employment 1 Yes 2 No		09 Job Code		Job Title					
10 Hours Per Week	11 Hourly Wage	12 Amount of Hourly Wage Subsidy		13 Sector Type 1 Fully Subsidized 2 Partially Subsidized 3 Unsubsidized 4 Unsubsidized at Entry		14 Fringe Benefits (Optional) 1 Yes 2 No		15 Non-Traditional Employment for Women (Optional) 1 Yes 2 No	
16 Placement Staff ID		Placement Staff Signature					Date 		
Remarks									

WTW 40 EWER (06/00)
(INTERNET)

Employment Record Form (WTW 40 EWER)

Line Item Instructions

The following are line item instructions for the Employment Record form (EWER). These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation (JTA) system. For detailed instructions on the JTA system, please refer to the *JTA WtW User Guide*.

01 Case Number	Record the enrollment number from the WtW Enrollment form (EWEF). Compare this number with the case number on the EWEF to verify its accuracy.
Application Number	Record the application number as it appears on the Application/Registration form.
Social Security Number	Record the client's social security number (SSN). Compare the SSN entered here to the SSN shown on the registration form to verify its accuracy.
Employment Record Number	This field is generated by the JTA system. It is a sequential number used to track changes to the employment record, including an increase in work hours, a change in wages, a new employer, etc.
Last Name, First Name, Middle	Record the client's name, last name first, and compare it with the registration form to verify its accuracy.
Program Type	Record the program type the client was enrolled in from the WtW Enrollment form.
02 Agency Code (Optional)	Record the agency that had primary responsibility for assisting the client in attaining employment. This is an optional entry.
03 Date Employed	Record the date (MMDDYYYY) the client actually entered employment.
04 Employer Number	Record the number assigned to the employer from a list provided by the Service Delivery Area Management Information System (MIS) section.
05 Employer Name	Record the business name of the employer for whom the client is working. Either the employer number or the employer name is required.
Employer Address	Record the street address of the employer.
Employer City/State	Record the city and state of the employer.
Employer ZIP	Record the ZIP code of the employer.

06 Employer Contact	Record the full name of the contact person to verify or discuss the placement. If the personnel office is given, provide the name of the person authorized to hire the client.
07 Phone	Record the employer's contact telephone number including the area code. Do not leave this item blank.
08 Concurrent Employment	<p>Circle the appropriate number.</p> <p>1 Yes—The client is employed at more than one job for which another employment record has been completed.</p> <p>2 No</p>
09 Job Code	Record the appropriate six-digit Occupational Employment Statistics (OES) code or the nine-digit Dictionary of Occupational Titles (DOT) code.
Job Title	Record the job title corresponding to Item 09.
10 Hours per Week	Record the number of hours per week the client is working.
11 Hourly Wage	Record the hourly wage the client is earning. If the client is paid by commission or receives a monthly salary, convert to the hourly wage by dividing the amount by the number of hours the client is expected to work. The term “hourly wage” includes any bonuses, tips, gratuities, and commissions and overtime pay earned.
12 Amount of Hourly Wage Subsidy	Record the amount of any hourly wage subsidy.
13 Sector Type	<p>Circle the appropriate number.</p> <p>1 Fully Subsidized—The client is employed in a job that is 100 percent subsidized.</p> <p>2 Partially Subsidized—The client is employed in a job that is less than 100 percent subsidized and is not workfare.</p> <p>3 Unsubsidized—The client is employed in an unsubsidized job after entering the WtW program.</p> <p>4 Unsubsidized at Entry—The client is employed in an unsubsidized job that was obtained prior to entering the WtW program.</p>

14 Fringe Benefits (Optional)	<p>Circle the appropriate number.</p> <p>1 Yes—The employment provides the client with employer assisted fringe benefits consisting of, at a minimum, health insurance benefits and coverage under social security or an equivalent pension plan. For clients holding multiple jobs, this item should be recorded as Yes if any job provides fringe benefits. “Employer assisted benefits” mean that the employment or employer pays all or part of the employee's benefits.</p> <p>Record Yes in cases where a period of probation is required by the employer for a newly hired client, during which time fringe benefits are not provided, if such employment normally provides fringe benefits after the period of probation; or if benefits were offered, but were refused by the client.</p> <p>2 No</p>
15 Non-Traditional Employment for Women (Optional)	<p>Circle the appropriate number. Complete this item for female clients only.</p> <p>1 Yes—The client has been placed in an occupation or field of work where women comprise less than 25 percent of the clients employed in such occupation or field of work. If local information is unavailable to determine this percentage, contact the EDD Labor Market Information Division for assistance at (916) 262-2162. Labor Market Information can also be obtained via the Internet at: http://www.calmis.ca.gov/. This designation must be for the same job that is recorded for Item 09 above. This item may be left blank.</p> <p>2 No</p>
16 Placement Staff ID	<p>Record the assigned identification number for the person responsible for the completion of this form.</p>
Placement Staff Signature	<p>The person responsible for the completion of this form should sign here. The signature certifies that the client's employment has been verified.</p>
Date	<p>Record the date the placement staff completed this form.</p>
Remarks	<p>Provide any additional details essential to this record.</p>

Termination Form (WTW 50 EWTF)

The Welfare-to-Work (WtW) Termination form (EWTF) is used to:

- Transfer participants from grant code 800 to grant code 801;
- Transfer a participant's eligibility from 30 percent to 70 percent within the same grant code; or
- To record the termination of participants who have left the program and are not expected to return.

Participants who are terminated cannot be served unless they are re-enrolled into the appropriate Grant and Program Type. Refer to the Enrollment Section of this Handbook for specific instructions on the Enrollment process.



State of California

Welfare-To-Work

TERMINATION OF ACTIVE ENROLLMENT

01 Case Number

Application Number

Social Security Number

(TO BE SUBMITTED UPON TERMINATION OF ACTIVE ENROLLMENT)

Last Name

First Name

Middle

Program Type

Grant Code

02 Agency Code

03 Increased Wages

- 1 Yes
2 No

04 Termination Code

Termination Codes

- | | |
|-----------------------------|--|
| 01 Unsubsidized Employment | 10 Health |
| 02 Subsidized Employment | 11 Cannot Locate |
| 03 In Another Work Activity | 12 Death |
| 04 In Other Training | 13 Institutionalized |
| | 14 Other |
| | 15 Transfer from Grant 800 to Grant 801 |
| | 16 Transfer Eligibility from 30%-70% within Same Grant |

05 Termination Date

06 Termination Staff ID

Termination Staff Signature

Date

Remarks

WTW 50 EWTF (06/00)
(INTERNET)

Termination of Active Enrollment (WTW 50 EWTF)

Line Item Instructions

The following are line item instructions for the Termination form (EWTF). These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation (JTA) system. For detailed instructions on the JTA system, please refer to the *JTA WtW User Guide*.

01 Case Number	This is the preprinted number on the enrollment form. Compare the number entered here with the number entered on the enrollment form to validate that the correct enrollment is used.
Application Number	Record the application number as it appears on the Application/Registration form.
Social Security Number	Record the client's social security number (SSN). Compare the SSN entered here to the SSN shown on the registration form to verify its accuracy.
Last Name, First Name, Middle	Record the client's name, last name first, and compare it with the registration form to verify its accuracy.
Program Type	Record the program type in which the client was enrolled from the WtW Enrollment form.
Grant Code	Record the grant code in which the client was enrolled from the WtW Enrollment form.
02 Agency Code	Record the Agency Identification number for the WtW agency that provided the last activity in which the client participated. Refer to the MIS assigned agency number list for accurate identification numbers.
03 Increased Wages	Circle the appropriate number. 1 Yes —The client is being terminated from the WtW program with an increase in wages. 2 No

<p>04 Termination Code</p>	<p>Record the termination code that indicates the reason for termination from the WtW program.</p> <p>01 Unsubsidized Employment—This termination code includes clients who entered full-time or part-time unsubsidized employment (i.e., not financed by funds provided by TANF) including entry into the Armed Forces, entry into employment in a registered apprenticeship program, and self-employment. It also includes entry into the Peace Corps, VISTA, and other national service programs funded by the Federal Corporation for National and Community Service under the National and Community Service Trust Act of 1993.</p> <p>02 Subsidized Employment—This termination code includes clients who entered full-time or part-time subsidized employment (i.e., financed by funds provided by TANF or other agencies).</p> <p>03 In Another Work Activity—The termination code includes clients who are engaged in a work activity such as a California Work Opportunity and Responsibility to Kids (CalWORKs) program work activity which is not unsubsidized or subsidized employment.</p> <p>04 In Other Training—This termination code includes clients who are terminated from the WtW program to participate in another training program, such as Job Training Partnership Act (JTPA).</p> <p>10 Health—This termination code includes clients who are receiving medical treatment that precludes entry into employment or continued participation in the WtW program.</p> <p>11 Cannot Locate—This termination code includes clients who cannot be located after utilizing the address, phone number, and additional contact information provided by the client.</p> <p>12 Death—This termination code includes clients who are deceased.</p> <p>13 Institutionalized—This termination code includes clients who are residing in an institution or facility providing 24-hour support such as a hospital or prison.</p>
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04 Termination Code (continued)	<p>14 Other—This term code includes clients who separated from the program for reasons other than those above and those not expected to return. Terminated clients cannot be served unless they are re-enrolled.</p> <p>15 Transfer from Grant 800 to Grant 801—Term code 15 is to be used only by 85 percent Formula Grantees (SDA) that have fully expended their first year allocation (grant 800) and who intend to provide further program goods/services to the same WtW participant using grant 801 funds. Grant 800 participants that are termed 15 should be re-enrolled into grant 801 under the appropriate program type.</p> <p>This process will avoid a duplicate count of the participants served and ensure the appropriate categorization of expenditures by grant code.</p> <p>16 Transfer Eligibility from 30 Percent to 70 Percent within Same Grant—Term code 16 should be used to change the eligibility basis/program type of participants from 30 percent to 70 percent criteria within the same grant code.</p>
05 Termination Date	Record the date (MMDDYYYY) when the client is terminated from the WtW program. The termination date must be on or after the date of the last activity received prior to the client terminating from the program.
06 Termination Staff ID	Record the assigned staff identification number of the staff responsible for the completion of the form.
Termination Date	The staff person completing this form should sign and date here.
Remarks	Provide any additional detail essential to this case record.

Follow-Up Form (WTW 60 EWFF)

The WtW Follow-up Information form (EWFF) is used to record the follow-up of a placement. Use of this form is optional.

A follow-up is a check to determine the employment status of clients placed in unsubsidized employment. Placements may be re-evaluated 30, 60, 91, and 180 days after the client enters employment. This function may be performed to determine the quality of the placement and/or the service providers' overall program.

The EWFF may be used to record follow-up information that pertains to multiple placements of the same client or to record information obtained on the same placement at the various follow-up intervals.

Application Number	
Social Security Number	
01	Case Number
02	Employment Record Number

Welfare-to-Work

FOLLOW-UP INFORMATION

Last Name			First Name			Middle		
Enrollment Grant Code			Enrollment Code			Enrollment Date		
03 Follow-up Type		Follow-up Date		04 Agency Code		05 Interview Date		
1 30 Day								
2 60 Day								
3 13 Week (91 Days)								
4 6 Month (180 Days)								
06 Follow-up Result								
1 Complete: All Questions			6 Respondent Refused Interview					
2 Complete Interview: Missing Data			7 Language Problem Prevented Interview					
3 Respondent Never Located			8 Unable Due to Illness/Disability					
4 Located but Never Available			9 Case Ineligible					
5 Informant Refused for Respondent			10 Died / Incapable After Termination					
07 Labor Force Status			08 Follow-up Staff ID		09 Employed at All		10 Weeks Employed	
1 Employed Full-Time					1 Yes			
2 Employed Part-Time					2 No			
3 Unemployed								
11 With Same Employer		12 Actual Hours Worked		13 Wage Increase		14 Wage Increase Amt.		
1 Yes				1 Yes				
2 No				2 No				
15 Date Employed		16 Employer Number			17 Employer Name			
Employer Address				Employer City, State, ZIP				
18 Contact						19 Phone		
20 Job Code			21 Hours Per Week			22 Hourly Wage		

WTW 60 EWFF (06/00)
(INTERNET)

Follow-Up Form (WTW 60 EWFF)

Line Item Instructions

The following are line item instructions for the Follow-Up form (EWFF). These instructions are intended to assist you with completion of this form. These instructions are not intended to provide information on using the Job Training Automation (JTA) system. For detailed instructions on the JTA system, please refer to the *JTA WtW User Guide*.

<i>Application Number</i>	Record the application number as it appears on the Application/Registration form.
<i>Social Security Number</i>	Record the client's social security number (SSN). Compare the SSN entered here to the SSN on the registration form to verify its accuracy.
<i>01 Case Number</i>	This is the preprinted number on the enrollment form. Compare the number entered here with the number on the enrollment form to verify its accuracy.
<i>02 Employment Record Number</i>	Record the number for which this follow-up is being conducted. This is a sequentially generated number that is created when the WtW Employment Record form (EWFF) is entered.
<i>Last Name, First Name, Middle</i>	Record the client's name, last name first, and compare it with the registration form to verify its accuracy.
<i>Enrollment Grant Code</i>	Record the grant code in which the client was enrolled from the WtW Enrollment form.
<i>Enrollment Code</i>	Enter the enrollment code for the case from the WtW Enrollment form.
<i>Enrollment Date</i>	Enter the date the client was enrolled in the WtW program.
<i>03 Follow-up Type</i>	Circle the appropriate number to indicate the type of follow-up: 1 30 Day 2 60 Day 3 13 Week (91 Days) 4 6 Month (180 Days)
<i>Follow-up Date</i>	Generated by the JTA system based on the follow-up type and the employment date.
<i>04 Agency Code</i>	Enter the code for the agency that provided primary assistance to the client in attaining employment.

05 Interview Date	Enter the date (MMDDYYYY) of the follow-up interview.
06 Follow-up Result	<p>Circle the appropriate number which most closely describes the result of the follow-up:</p> <ol style="list-style-type: none"> 1 Complete: All Questions 2 Complete Interview: Missing Data 3 Respondent Never Located 4 Located but Never Available 5 Informant Refused for Respondent 6 Respondent Refused Interview 7 Language Problem Prevented Interview 8 Unable Due to Illness/Disability 9 Case Ineligible 10 Died/Incapable After Termination
07 Labor Force Status	<p>Circle the appropriate number, which describes the situation of the client at follow-up.</p> <ol style="list-style-type: none"> 1 Employed Full-Time 2 Employed Part-Time 3 Unemployed 4 Not in Labor Force 5 Status Unknown
08 Follow-up Staff ID	Enter the assigned staff ID number of the person responsible for completion of this form.
09 Employed at All	<p>Circle the appropriate answer.</p> <ol style="list-style-type: none"> 1 Yes—The client is employed either full or part-time. 2 No
10 Weeks Employed	Enter the number of weeks the client has been employed during the follow-up period.
11 With Same Employer	<p>Is the client employed with the same employer? Circle the appropriate answer.</p> <ol style="list-style-type: none"> 1 Yes 2 No

12 Actual Hours Worked	Enter the actual number of total hours the client worked for the employer during the follow-up period including overtime.
13 Wage Increase	Circle the appropriate answer. 1 Yes —The client's wages show an increase at the time of follow-up as compared to the employment date. 2 No
14 Wage Increase Amt.	If the client was employed at the time of follow-up and the client's wages increased from the start date of the job until the point when the follow-up was conducted, enter the amount of the wage increase here. If the wages did not increase, enter a zero.
15 Date Employed	Enter the date (MMDDYYYY) the client began work.
16 Employer Number	Enter the employer number. This information may be taken from the WtW Employment Record form (EWER) if the employer has not changed.
17 Employer Name	Enter the business name of the employer for whom the client is working. This information may be taken from the WtW Employment Record form (EWER) if the employer has not changed.
Employer Address	Enter the business address of the employer for whom the client is working.
Employer City, State, ZIP	Enter the city, state, and ZIP code of the employer for whom the client is working.
18 Contact	Enter the full name of the contact person to verify or discuss the employment. If the personnel office is given, provide the name of the person authorized to hire the client. This information may be used for any of the follow-ups and may be taken from the WTW Employment Record form (EWER) if the employer has not changed.
19 Phone	Enter the telephone number, including the area code, of the employer's contact person.
20 Job Code	Enter the appropriate Occupational Employment Statistics (OES) or Dictionary of Occupational Titles (DOT) code for the client's job.
21 Hours Per Week	Enter the number of hours per week the client is working.
22 Hourly Wage	Enter the hourly wage the client is currently receiving.